

**MODEL OF CARE EVALUATION  
WALK-THROUGH OBSERVATION**

Identification Information:

NBOC Household: \_\_\_\_\_ HRC Unit: \_\_\_\_\_ Assessor ID: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
MM DD YYYY

Number of Residents Living in Household/On Unit on Date of Assessment \_\_\_\_\_

Time Assessment Began \_\_\_\_\_ Time Assessment Completed \_\_\_\_\_

Outside Temperature: \_\_\_\_\_ Weather: Dry \_\_\_/Damp \_\_\_ Rain/Snow \_\_\_\_\_

**Record one reading at each time point**  
**(Data will be shared among assessors completing walk-through at NBOC/HRC on same day)**

**GENERAL directions for Observation and Instrument Use**

This form is to be completed for each household/unit.

For each household/unit, three walk-throughs are to be completed: Morning, Mid-day, and Late afternoon (between 3 and 5 p.m.)

Complete this form after walking through the general living spaces, hallways, and areas generally available to the public within the NBOC household or HRC unit. Observe for noise, odors, staff attention to residents, including those who are trying to gain the attention of staff; whether staff stop and speak to residents; whether residents are smiling at staff; whether staff are ambulating residents; and the general environment.

Complete the form within one hour of each walk-through assessment.

**[NOTE: Bolded items are to be assessed only on first pass of the day through household/unit.]**

**Codes: NA = 8 or 88; Unknown = 9 or 99**

## ENVIRONMENT

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 were	(4) Many were < 80%	(5) Most were ≥80%
1. Were residents rooms personalized with furniture, pictures, and other objects from their past?					

RECORD NUMBER	Record Number
2. How many doors to resident rooms were closed (completely)?	

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 Were	(4) Many Were < 80%	(5) Most Were ≥ 80%
3. Were residents' names on or near their door ?					

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 Were	(4) Many Were < 80%	(5) Most Were ≥ 80%
4. Was a current picture of resident on/near door?					

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 Were	(4) Many were < 80%	(5) Most Were ≥ 80%
9. Was door to bathroom open and toilet visible from resident bed?					

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 Were	(4) Many Were < 80%	(5) Most Were ≥ 80%
10. Was bathroom door open, but toilet not visible from resident bed?					

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 Were	(4) Many Were < 80%	(5) Most Were ≥ 80%
11. Was bathroom door closed; picture, graphic or sign to indicate bathroom?					

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 Were	(4) Many Were < 80%	(5) Most Were ≥ 80%
12. Were residents' bathroom mirrors wheelchair accessible and/or adjustable in order to be visible to a seated or standing resident?					

	(1) Rarely Seen	(2) Occasionally	(3) Sometime	(4) Often	(5) Very often
13. Did you observe any resident safety/positioning/restraint devices (e.g., lap belt, geri-chair with tray, geri-chair reclined)?					

	(1) A few < 20%	(2) Some <1/2	(3) About ½	(4) Many <80%	(5) Most ≥ 80%
14. In how many resident rooms did you observe repositioning devices (e.g., trapezes, mechanical lifts)?					

# **IDENTIFY AN UNOCCUPIED ROOM TO COMPLETE ITEMS 15-19**

**Inform Nursing Staff that you will need to use sensors in the room, and will need to close door to measure sound levels within the room.**

<p><b>NOTE: If difference between (b) and (c) is greater than .5, inform Ellen.</b></p>	(a) At Chest Height	(b) Wand Raised Over Tester's Head	(c) Wand Lowered To Floor Level	(d) Room number
<p>15. Record fahrenheit temperature . Using narrow probe, record first reading <b>IN A RESIDENT ROOM.</b></p>				

	(a) Humidity Reading (%)	(b) Room number
<p>16. Record Humidity Level using Wide Probe (third button on machine) <b>IN SAME RESIDENT ROOM.</b></p>		

	(a) Observer's rating					(b)
	(1) Heavily shadowed	(2) Poorly lighted	(3) Some light but not enough	(4) Well lighted	(5) Exceptionally lighted	Room number
<p>17. Was the <b>RESIDENT ROOM</b> well lighted?</p>						

<p><b>USE LIGHTING SENSOR -- DO NOT DO THIS NEAR A WINDOW</b> Sensor reading in "lux" mode</p>	(a) Bed height	(b) Floor next to bed	(c) Room number
<p>18. Record light sensor readings in the <b>RESIDENT ROOM?</b></p>			

CLOSE THE DOOR – stand back 3 feet from the door, point sensor 60 degrees away from door	(a) Decibals	(b) Resident's room number
19. Record number of decibals in a resident's room		

### COMMON AREAS

NOTE: If difference between (b) and (c) is greater than .5, inform Ellen.	(a) At Chest Height	(b) Wand Raised Over Tester's Head	(c) Wand Lowered To Floor Level
20. Record fahrenheit temperature . Using narrow probe, record first reading <i>in common area, specify:</i> _____.			

	Humidity Reading (%)
21. Record Humidity Level using Wide Probe (third button on machine) <i>in same common area, specify</i> _____.	

	(1) Heavily shadowed	(2) Poorly lighted	(3) Some light but not enough	(4) Well lighted	(5) Exceptionally lighted
22. Was the Kitchen/Dining area well lighted?					

<b>PLACE THE LIGHT SENSOR ON THE COUNTER IN THE KITCHEN</b> Light sensor reading in "lux" mode	Counter height	Floor
23. Record sensor readings in the KITCHEN/DINING AREA?		

MEASUREMENT USING SOUND SENSOR	Decibals
24. Record number of decibals for Kitchen/Dining area	

## RESIDENTS

RECORD NUMBER	(a) Own Room	(b) Other private space	(c) Kitchen Dining area	(d) Living Room	(e) Corridor	(f) Outdoor Area
25. How many residents were observed in each location?						

RECORD NUMBER	(a) Sleeping	(b) Awake
26. How many residents were <i>in bed</i> , either sleeping or awake?		

	(1) A few were < 20%	(2) Some were < 1/2	(3) About ½ were	(4) Many were < 80%	(5) Most were ≥80%
27. How many residents were moving about the area without assistance?					

RECORD NUMBER	Number Being Helped
28. How many residents were being helped to walk or move about the household/unit with or without assistive devices, such as canes, walkers, splints?	

	(1) A few were < 20%	(2) Some were < 1/2	(3) About ½ were	(4) Many were < 80%	(5) Most were ≥80%
29. How many residents were speaking with staff?					

	(1) A few were < 20%	(2) Some were < 1/2 were	(3) About ½ were	(4) Many were < 80%	(5) Most were ≥80%
30. How many residents were speaking with another resident?					

	(1) A few were < 20%	(2) Some were < 1/2 were	(3) About 1/2 were	(4) Many were < 80%	(5) Most were ≥ 80%
31. How many residents were speaking on the telephone?					

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 were	(4) Many were < 80%	(5) Most were ≥ 80%
32. How many residents were providing assistance to another resident (e.g., helping them walk, getting them a snack, helping them to eat)?					

	(1) A few were not < 20%	(2) Some were not < 1/2	(3) About 1/2 were not	(4) Many were not < 80%	(5) Most were not ≥ 80%
33. How many residents were NOT well-groomed (unshaven, hair uncombed, dirty or untrimmed nails, had body odor)?					

RECORD NUMBER	(a) Sitting in chair	(b) Sitting in wheelchair	(c) Walking
34. How many residents were sitting in a chair, sitting in a wheelchair, or walking (with or without an assistive device)?			

	(1) YES	(0) NO
<b>35. Do residents live in household or unit that is self-contained with full kitchen, living room and dining room?</b>		

	(1) YES	(0) NO
<b>36. Was a laundry for personal clothing available on the household/neighborhood/unit?</b>		

	(2) Number (one or more)	(1) None	(0) Not Available
<b>37. How many residents/families were using the washer or dryer?</b>			

	(2) Kitchen facility available	(1) Selected kitchen appliances available	(0) No Access to kitchen appliances
<b>38. Was there a kitchen available for resident and/or family use?</b>			

	(2) Number (one or more)	(1) None	(0) No Access to kitchen appliances
<b>39. How many residents/family members were using it?</b>			

	(2) No hallways, open into living (common area)	(1) Short hallways; common areas easily visible from resident room doorways	(0) Long hallway; public spaces not visible from doorways
<b>40. In general, which of the following BEST describes the configuration of most of the room/spaces in the facility?</b>			

	(1) Very poor condition	(2) Poor condition	(3) Fairly good condition	(4) Good condition	(5) Very good condition
<b>41. Were accessible grounds well-kept and furniture in common spaces in good condition?</b>					

	(1) Dirty	(2) Somewhat dirty	(3) More or less clean	(4) Clean	(5) Very clean
<b>42. Were resident hallways, public and common areas clean?</b>					

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 were	(4) Many Were < 80%	(5) Most were ≥80%
43. Were corridors <i>free of equipment</i> , e.g., walkers, electric wheelchairs, laundry carts, lifts, housekeeping or maintenance equipment?					

	(a) Own Room	(b) Other private space	(c) Kitchen/ Dining area	(d) Living Room	(e) Corridor
44. Check if area was somewhat disorderly, showing evidence that people were using/living in the space, rather than orderly and immaculate.					

	(1) Hardly at all	(2) Occasionally	(3) Often	(4) Most of the time	(5) Pervasive Throughout
45. Were odors of urine or feces noticeable in the household/unit?					

	(1) Hardly at all	(2) Occasionally	(3) Often	(4) Most of the time	(5) Pervasive Throughout
46. Did the household/unit have a pleasant aroma like the smell of fresh flowers?					

	(1) Hardly at all	(2) Occasionally	(3) Often	(4) Most of the time	(5) Pervasive Throughout
47. Did the household/unit have an unpleasant/chemical smell?					

	(1) Noise present throughout	(2) Noise in one or two areas	(3) No discernible noise
48. Was the environment free from mechanical noises?			

Pleasant feeling should include interactions	(1) Very <i>unpleasant</i>	(2) Somewhat <i>unpleasant</i>	(3) More or less pleasant	(4) Quite pleasant	(5) Very pleasant
49. Was there a pleasant atmosphere or feeling about the household/unit?					

Pleasant feeling should include interactions	(a) Kitchen/ Dining/Living Room Area	(b) Corridor
50. Check if there was a pleasant atmosphere or feeling about <i>the area</i> ?		

Homelike refers only to environment	(1) Not at all homelike	(2) Somewhat	(3) More or less	(4) Quite	(5) Very homelike
51. Was there a home-like appearance or feeling about the <i>Household/Unit</i> ?					

Homelike refers only to environment.	(a) Kitchen/Dining Area	(b) Living Room	(c) Activity Area
52. Check if there was a home-like appearance or feeling <i>about the area</i> ?			

	(1) YES	(0) No
53. Was a traditional nursing station in place on the household/unit?		

	(0) None	(1) Between Two	(2) Between Three or More
54. Was any interaction between staff members observed in front of, or adjacent to, <i>the nursing station or the medical records area in the kitchen</i> ?			

RECORD NUMBER participating in each type of activity	(a) Large group activity (music, organized program	(b) Small Group activity (cards, games, puzzles)	(c) Crafts	(d) Exercise/ fitness activity	(e) Solitary activity
55. What were people doing?					

## STAFF

RECORD NUMBER	(a) RN/ LPN	(b) MD	(c) Therapist (OT/PT)	(d) Recreation Therapist	(e) Social Worker	(f) CNA
56. How many staff of each of these types were visible during walk-through?						

	(1) A few were < 20%	(2) Some were < 1/2	(3) About 1/2 were	(4) Many were < 80%	(5) Most were ≥80%
57. How many staff were dressed in uniforms or "scrubs"?					

RECORD NUMBER	Number eating
57a. How many residents were eating?	

RECORD NUMBER	(a) RN/ LPN	(b) MD	(c) Therapist (OT/PT)	(d) Recreation Therapist	(e) Social Worker	(f) CNA	(g) Other Staff
58. During meal times, how many of each type of staff were observed providing direct assistance to residents; feeding or encouraging them to eat?							

RECORD NUMBER	(a) RN/ LPN	(b) MD	(c) Therapist (OT/PT)	(d) Recreation Therapist	(e) Social Worker	(f) CNA	(g) Other Staff
59. How many of each type of staff were observed assisting resident(s) with personal care or providing treatment?							

RECORD NUMBER	(a) RN/ LPN	(b) MD	(c) Therapist (OT/PT)	(d) Recreation Therapist	(e) Social Worker	(f) CNA	(g) Other Staff
60. How many of each type of staff were leading or participating in activity with one or more residents?							

RECORD NUMBER	(a) RN/ LPN	(b) MD	(c) Therapist (OT/PT)	(d) Recreation Therapist	(e) Social Worker	(f) CNA	(g) Other Staff
61. How many of each type of staff were cleaning up after a meal or snack or straightening up common area or a resident's room?							

	(a) Number	(b) None/ Turned off
62. During this walk-through, how many times have you heard the overhead paging system?		

63. During the observation interval, to what extent do you hear the following noises:	(2) Constantly or High Intensity	(1) Sometimes	(0) Not at all
a. Resident screaming or calling out			
b. Staff calling out			
c. TV/Radio Noise			
e. Alarm or Call Bells			
f. Other objectionable noises (ice machine, buffer)			

64. On a scale of 1 to 10, please provide your subjective rating regarding aspects of the overall atmosphere of the **household**/ as it appeared during the visit.

Low				Moderate					High
1 negative, impersonal, harsh	2	3	4	5	6	7	8	9	10 Positive, warm, caring

65. Overall physical environmental atmosphere

Low				Moderate					High
1 distinctly unpleasant, negative	2	3	4	5	6	7	8	9	10 Quite pleasant, Positive